

NAME	NUMBER	CATEGORY
Application - Redetermination of Medicare Savings Plans	ES-3100.8	Application
Approval Long Term Care - Spousal Impoverishment Information	V100	Application
Assessment of Resources - Spousal Impoverishment	V027	Application
Authorize Rep Request Notice	AUTH REP NOA	NOA
Blank Notice of Action Form	APSP NOA	NOA
Cash Transfer Notice	V801	Application
Change Reporting - Medical	V064	Application
Child in PRTF - Facility Notification	KC5810	Application
Child in Psychiatric Residential Treatment Facility Temporary Stay - Consumer Notice	KC5820	Application
Clearinghouse Unsigned Application Letter	KC4110	Application
Clearinghouse Unsigned Application Letter - Minor Signed	KC4120	Application
Correctional Facility Inmate - Qualifying Event	ES-3100.1a	Application
Demand Notice at Closure	VMed830	Application
Facility Notice - Approval of Long Term Care - One Month	N-S911	Application
Facility Notice - Approval of Long Term Care - One Month	C-N911	Application
Facility Notice - Approval of Long Term Care - Three Months	C-N913	Application
Facility Notice - Approval of Long Term Care - Two Months	C-N912	Application
Facility Notice - Approval Temporary Stay	N-S914	Application
Facility Notice - Approval Temporary Stay From Home and Community Based Services	N915	Application
Facility Notice - Approval Two Months	N-S912	Application
Facility Notice - Change in Patient Liability	C-N-S972	Application
Facility Notice - Excess Liability - No Spenddown - Spenddown Met	C-N978	Application
Facility Notice - Excess Liability - Spenddown Unmet	C979	Application
Facility Notice - Failure to Complete Review	N975	Application
Facility Notice - General	N900	Application
Facility Notice - General Closure	C-N-S941	Application
Facility Notice - General Denial	C-N-S921	Application
Facility Notice - Liability Change - Two Months	N983	Application
Facility Notice - Mass Change	C-N-S971	Application
Facility Notice - Payment Ending - Move to Independent Living	N985	Application
Facility Notice - Payment Ending - Reinstate Payment	N962	Application
Facility Notice - Payment Ending - Transfer to New Facility	N976	Application
Facility Notice - Reinstatement	C-N-S961	Application

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Facility Notice - Retroactive Patient Liability Change	I009	Application
Facility Notice - Retroactive Patient Liability Change to Nursing Facility	N986	Application
Facility Notice - Review Complete - Excess Liability	C-N-980	Application
Facility Notice - Review Complete - Remains Eligible	C-N-974	Application
Facility Notice - Review Complete - Suspension Payment	C-N-S973	Application
Facility Notice - Zero Patient Liability - QMB	N987	Application
Funeral Agreement Information	V304	Application
Funeral Agreement Referral	I012	Application
General Correspondence	V008	Application
General MediKan Detail	D200	Application
General MediKan Discontinuance	D400	Application
General Notice of Approval	V115	Application
General Notice of Change	V700	Application
General Notice of Denial	V200	Application
General Notice of Discontinuance	V400	Application
General Notice of Reinstatement	V600	Application
General Verification Request	V002	Application
Health Insurance Information Request	V005	Application
Incomplete Change - New Household Member	V012	Application
KanCare Clearinghouse Registration - More Information Letter	KC4100	Application
KanCare Verification Request	V044	Application
KDHE Authorization for Release of Protected Health Information	P-11	Application
KDHE Notice of Privacy Practice	KC5730	Application
KDHE Request for Dismissal of Appeal	KC5710	Application
Medical Assistance Pending Social Security Administration Decision	N832	Application
Medical Card Returned	M837	Application
Medical Determination Pending	V032	Application
Medical Program - Notice of Repayment	M834	Application
Medical Review of Emergency Services for Establishing SOBRA Eligibility	MS-2156	Application
Medically Needy Health Plan Spenddown Informational Notice	M-N836	Application
MediKan Approval	D100	Application
MediKan Denied or Discontinued - Family of Deceased	D204	Application
MediKan Reporting Requirements	P804	NOA

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MediKan Time Limit Information	D854	Application
MEDIKAN to MEDICAID - SSA APPROVED	D701	Application
MEQC - PERM Agency Memo of Failure to Provide	MEQC-34	Application
MEQC Collateral - Bank Letter	MEQC-30	Application
MEQC Collateral - Birth Certificate Verification Request	MEQC-4	Application
MEQC Collateral - Civil Service Letter	MEQC-1	Application
MEQC Collateral - County Letter All Medicaid Programs	MEQC-31	Application
MEQC Collateral - Dept. of Defense Letter	MEQC-2	Application
MEQC Collateral - Employer Letter with Health Insurance	MEQC-3	Application
MEQC Collateral - Employment Termination	MEQC-5	Application
MEQC Collateral - Funeral Home Letter	MEQC-6	Application
MEQC Collateral - General Information Request	MEQC-9	Application
MEQC Collateral - HCBS Letter	MEQC-7	Application
MEQC Collateral - KPERS Letter	MEQC-8	Application
MEQC Collateral - Landlord Letter	MEQC-11	Application
MEQC Collateral - Level of Care Request	MEQC-12	Application
MEQC Collateral - Life Insurance Letter	MEQC-10	Application
MEQC Collateral - Medical Expense Letter	MEQC-15	Application
MEQC Collateral - Non-Relative Letter	MEQC-13	Application
MEQC Collateral - Nursing Facility Verification	MEQC-16	Application
MEQC Collateral - Pension Letter	MEQC-14	Application
MEQC Collateral - Per Capita Verification	MEQC-17	Application
MEQC Collateral - Post Office Request	MEQC-18	Application
MEQC Collateral - Railroad Letter	MEQC-21	Application
MEQC Collateral - School Request for Identity and Citizenship Verification	MEQC-19	Application
MEQC Collateral - School Verification	MEQC-22	Application
MEQC Collateral - VA Letter	MEQC-20	Application
MEQC Household - Alias Letter	MEQC-32	Application
MEQC Household - Client Statement of Child Support	MEQC-25	Application
MEQC Household - Gift or Loan	MEQC-27	Application
MEQC Household - HH Composition Letter	MEQC-26	Application
MEQC Household - HIPPA Release for Medical	MEQC-33	Application
MEQC Household - Non-Relative Letter	MEQC-28	Application

NAME	NUMBER	CATEGORY
MEQC Household - Verification Request Letter	MEQC-23	Application
MEQC Household - Zero to Little Income Letter	MEQC-29	Application
MEQC Household or Responsible Person - Release of Information	MEQC-24	Application
Notice of Action Medical Card Extension Program Initial Eligibility	PPS7235	Application
Notice of Intent to Allocate Income	M-3	Application
Notice of Intent to Transfer Resources	M-2	Application
NOTICE OF REVIEW - Medical Assistance - BCC Program	KC1400	Application
Open MediKan - Medicaid Pending	D832	Application
PACE Disenrollment Notice	N729	Application
Passive Elderly and Disabled Review	KC1700	Application
Passive Family Medical Review	KC1300	Application
Potential Benefits Request	V015	Application
Potential Spenddown Information Notice	M802	Application
Pre-Populated Elderly and Disabled Review	KC1600	Application
Pre-Populated Family Medical Review	KC1200	Application
Release of Information and Liability	ES-3101	Application
Repayment Agreement Reminder / All Programs	VMed828	Application
Reporting Requirements - Children and Family Medical	P803	Application
Reporting the Birth of Your Child	X019	Application
Request for Administrative Hearing	KC5705	Application
Request for Medical Program Information	ES-3105.2	Application
Request for Trust / Annuity Clearance	B-6	Application
Required Authorization for Medical Agent for Minor	V075	Application
Review Complete - Excess Liability - Spenddown Unmet	C981	Application
Rights and Responsibilities	KC5720	Application
Spousal Elective Share Request	V601	Application
State Supplemental Payment Program Approval	V117	Application
State Supplemental Payment Program Approval with Direct Deposit	V118	Application
State Supplemental Payment Program Closure	V408	Application
State Supplemental Payment Program Direct Deposit Request	V082	Application
State Supplemental Payment Program Replacement Notice	V080	Application
Termination - Decertification of Adult Care Home Facility	N-S838	Application
Termination of Medical Card	PPS7250	

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Transfer to Another Nursing Facility	N-S839	Application
Unreported Income Verification Request	V006	Application
Verification Request List	V001	Application
WORKING HEALTHY - SIX MONTH INCOME REVIEW	N812	Application
Working Healthy - Unemployment Plan Request	N744	Application
Working Healthy Premium Information	N810	Application
YOUR TANF 60-Month Time Limit	TANF TL60	NOA
YOUR TANF Time Limit Extension	TL60 Extension	NOA